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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/762,797
Filing Date	January 22, 2004
First Named Inventor	Ben Cizowski
Title	APP & METHOD FOR OP. SPRAY GUNS
Art Unit	3752
Examiner Name	Davis D. Hwu
Attorney Docket Number	F00024-001

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number.

OR

☒ Practitioner(s) named below:

Name	Registration Number
Ronald E. Andermann	57,315

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

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☐ The address associated with Customer Number.

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☒ Firm or Individual Name Ronald E. Andermann, Attorney

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8-21-06
Name	Ben Cizowski	Telephone	847-680-9088
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	8-21-06
Name	George William Frasener	Telephone	847-345-0024
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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